

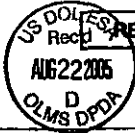
FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>249</u>	2 Fiscal Year Covered From <u>AMENDED</u> <u>11</u> / <u>11</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>LEE C Chwalek</u> P.O. Box Bldg Room No. if any <u>Suite 8</u> Street <u>302 S Waverly</u> City <u>LAUSING</u> State <u>Michigan</u> ZIP Code + 4 <u>48917 3631</u>	4 Name, file number and address of labor organization Name <u>Michigan Laborers District Council</u> Labor Organization File Number <u>011 995</u> P.O. Box Building and Room Number if any <u>Suite 8</u> Street <u>302 S Waverly</u> City <u>LAUSING</u> State <u>Michigan</u> ZIP Code + 4 <u>48917 3631</u>
5 Position in labor organization <u>SECRETARY - TREASURER</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any: _____ P.O. Box, Bldg Room No. if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction or Income _____ 7 b Amount _____

Signature

15. Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8-15-05
Date

571 321-2349

Telephone Number

AMENDED

Name of Person Filing <u>LEE C Chwalek</u>	File Number <u>U</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>LEE C Chwalek</u></p> <p>Trade Name if any <u></u></p> <p>P O Box Bldg Room No if any <u>SUITE 8</u></p> <p>Street <u>302 S WAVERLY</u></p> <p>City <u>LANSING MI</u></p> <p>State <u>MICHIGAN</u> ZIP Code + 4 <u>48917 3631</u></p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c. is checked give trust or employer's name</p> <p>Name <u>MICHIGAN LABORERS PENSION FUND</u></p> <p>Trade Name if any <u></u></p> <p>P O Box Bldg Room No if any <u></u></p> <p>Street <u>6525 CENTURION DR</u></p> <p>City <u>LANSING</u></p> <p>State <u>MI</u> ZIP Code + 4 <u>48917 9275</u></p>	<p>11 a Nature of such dealing</p> <p><u>TRANSPORTATION TO JOINT BOARD MEETING</u> <u>BOYNE FALL MICHIGAN</u> <u>\$19125 REIMBURSED TO MICHIGAN LABORERS</u> <u>DISTRICT COUNCIL SEE ATTACHED</u></p> <p>11 b Approximate dollar value of such dealing <u>19125</u></p> <p>12 a Nature of interest held or income received</p> <p><u>TRUSTEE ON PENSION FUND</u></p> <p>12 b Amount <u>0</u></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name <u></u></p> <p>Trade Name if any <u></u></p> <p>P O Box Bldg Room No if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14 a Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Payment History

8/15/2005

Customer Job Michigan Laborers Pension Fund
Date Received 06/02/2004
Check No 12447
Memo BOT Meeting Reimbursement/Chwalek
Payment Method Check
Payment Amount 191 25

Invoices Paid, Statement Charges Paid and Payment Deposit

Type	Date	Number	Amount	Pmt Balance
Invoice	06/02/2004	45	191 25	0 00
Deposit	05/27/2004		191 25	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name LEE C Chwalik

Trade Name if any _____

P O Box Bldg Room No if any Suite 8

Street 302 S WAVERLY

City LASSING

State Michigan ZIP Code + 4 48917-9275

9 Business deals with

☐ a Labor Organization

☒ b Trust

☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name MICHAEL ARONSON PENSION FUNDS

Trade Name if any	
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P O Box Bldg Room No if any

Street 10525 CANTURION DR

City LANSING

State MI ZIP Code + 4 489179285

11 a Nature of such dealing

TRANSPORTATION FOR BOARD OF TRUSTEES
PENSION MEETING

\$750 REIMBURSED TO Michigan LABORERS
DISTRICT Council SEE ATTACHED

11 b Approximate dollar value of such dealing

\$750

12 a Nature of interest held or income received

12 b Amount.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

**13 a Name and address of Employer or Labor Relations Consultant
(including trade name if any)**

Name _____

Trade Name if any	
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P O Box Bldg Room No if any

Street _____

City _____

State ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐ **or Consultant** ☐ **?**

14 b Amount of payment

Payment History

8/15/2005

Customer Job Michigan Laborers Pension Fund
Date Received 11/19/2004
Check No 12788
Memo 11/19/04 BOT/Chwalek
Payment Method Check
Payment Amount 7 50

Invoices Paid, Statement Charges Paid and Payment Deposit

Type	Date	Number	Amount	Pmt Balance
Invoice	11/19/2004	73	7 50	0 00
Deposit	11/23/2004		7 50	

A MENDED

Name of Person Filing <u>LEE C Chwalek</u>	File Number <u>U</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>MIDWAY HOTEL</u></p> <p>Trade Name if any <u> </u></p> <p>P O Box Bldg Room No if any <u> </u></p> <p>Street <u> </u></p> <p>City <u> </u></p> <p>State <u> </u> ZIP Code + 4 <u> </u></p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>MICHIGAN LABORERS PENSION FUND</u></p> <p>Trade Name if any <u> </u></p> <p>P O Box Bldg Room No if any <u> </u></p> <p>Street <u>6525 CENTURION DR</u></p> <p>City <u>LANSING</u></p> <p>State <u>MI</u> ZIP Code + 4 <u>48917 9275</u></p>	<p>11 a Nature of such dealing</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <u>LOOKING FOR INVESTMENT COMMITTEE MEETING</u> </div> <p>11 b Approximate dollar value of such dealing <u>6160</u></p> <p>12 a Nature of interest held or income received</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <u>TRUSTEE PENSION FUND</u> </div> <p>12 b Amount <u>0</u></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name <u> </u></p> <p>Trade Name if any <u> </u></p> <p>P O Box Bldg Room No if any <u> </u></p> <p>Street <u> </u></p> <p>City <u> </u></p> <p>State <u> </u> ZIP Code + 4 <u> </u></p>	<p>14 a Nature of payment</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment <u> </u></p>

Name of Person Filing <u>LEE C Chwalek</u>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <u>SPARTAN TRAVEL</u> Trade Name if any: P O Box Bldg Room No if any: Street <u>3032 LAKE LAUSING RD</u> City <u>EAST LAUSING</u> State <u>MICHIGAN</u> ZIP Code + 4 <u>48823</u>	9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <u>MICHIGAN LABORERS PENSION FUND</u> Trade Name if any: P O Box Bldg Room No if any: Street <u>6525 CENTURION DR</u> City <u>LAUSING V</u> State <u>MI</u> ZIP Code + 4 <u>48917 925</u>	11 a Nature of such dealing <u>LOOKING FO - JOINT BOARD MEETING</u> <u>BOYNE FALLS MICHIGAN</u> 11 b Approximate dollar value of such dealing <u>12734</u> 12 a Nature of interest held or income received <u>TRUSTEE ON PENSION FUND</u> 12 b Amount <u>-0-</u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any: P O Box Bldg Room No if any: Street City State ZIP Code + 4	14 a Nature of payment.
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment

Name of Person Filing LEE C ChwalickFile Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name INTERNATIONAL FOUNDATIONTrade Name if any: P O Box Bldg Room No if any PO Box 69Street 18700 W Blue MoundCity BROOKFIELDState WISCONSIN ZIP Code + 4 53008 0069

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name LABORERS METROPOLITAN HEALTH CARE FUNDTrade Name if any: P O Box Bldg Room No if any Street 6525 CENTURION DRIVECity LAWSBURGState MICHIGAN ZIP Code + 4 48917 9275

11 a Nature of such dealing

REGISTRATION FEE 856.00

PRE CONFERENCE FEE 285.00

HOTEL DEPOSIT 350.00

HEALTH CARE SEMINAR

11 b Approximate dollar value of such dealing

1490.00

12 a Nature of interest held or income received

TRUSTEE HEALTH CARE FUND

12 b Amount

8

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Trade Name if any: P O Box Bldg Room No if any Street City State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing LEE C Chwalick

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name LABORERS Metropolitan Health Care

Trade Name if any

P O Box Bldg Room No if any

Street 10525 CENTURION DRIVECity LANSINGState MI ZIP Code + 4 489179275

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name LEE C ChwalickTrade Name if any LABORERS

P O Box Bldg Room No if any

Street 302 S WaverlyCity LANSINGState Michigan ZIP Code + 4 489173631

11 a Nature of such dealing

TRAVEL ALLOWANCE - 1650.00
REFUND OF UNUSED TRAVEL - 137.83
Health Care Seminar

11 b Approximate dollar value of such dealing

1512.17

12 a Nature of interest held or income received

TRUSTEE Health Care Funds

12 b Amount

0

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment